

RIVERSIDE COUNTY BAR ASSOCIATION

Riverside County Bar Association Building
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Request for Waiver of the Arbitration Filing Fee INSTRUCTIONS

1. **Please print clearly or type.**
2. Complete all sections of the application form. **If you are not incarcerated**, skip Section 2.
3. Submit the completed, signed application form to our office. You may be contacted if clarification is needed.
4. Your submission of the ***Request for Waiver of the Arbitration Filing Fee*** does not guarantee that our program will waive the filing fee. Upon receipt of your completed application form, the Chairperson of the Fee Arbitration Committee (“Chairperson”) will take one of the following actions:

GRANTED – If the Chairperson grants your request for a waiver of the filing fee, you will owe nothing and our office will continue processing your fee arbitration case.

REDUCED or **DENIED** – If the Chairperson reduces the amount of the filing fee or denies your request for a waiver of the filing fee, you will need to pay the full – or reduced – amount of the filing fee to our office within fifteen (15) business days from the date of the notice in order for our office to continue processing your fee arbitration case. If you do not submit the required payment within 15 business days, your case will be closed and you will have waived your right to arbitrate this fee dispute using the Riverside County Bar Association’s Fee Arbitration Program.

Until such time as the Chairperson issues an order on your request for a waiver of the filing fee, your ***Request for Arbitration of a Fee Dispute*** will be in abeyance.

5. Make a copy of the completed application for your records. Our office will not provide a copy.

Riverside County Bar Association ~ Fee Arbitration Program
REQUEST FOR WAIVER OF THE ARBITRATION FILING FEE

I, (print name clearly) _____, am the person asking for arbitration of a fee dispute now under consideration and I request the Riverside County Bar Association to waive the arbitration filing fee.

SECTION 1: REQUIRED INFORMATION FOR ALL APPLICANTS SEEKING A WAIVER OF THE FILING FEE

Have you hired, or do you intend to hire, an attorney to represent you in this fee arbitration? (Check **only one** of the following boxes.):

- NO, I have not hired, nor do I intend to hire an attorney to represent me in this fee arbitration.
- YES, I have hired an attorney to represent me in this fee arbitration.
- YES, I intend to hire an attorney to represent me in this fee arbitration.

Employer Information

What is your occupation?: _____

Name of Your Employer: _____ Phone # _____

Address: _____

Your Present Spouse's Information

If you are divorced, do not list your ex-spouse or any of his or her financial information on this application. Only list the name and financial information for your current spouse.

Your Spouse's Name: _____

What is your spouse's occupation?: _____

Spouse's Employer: _____ Phone # _____

Address: _____

Attorney's Fees

Did you pay the attorney's fees with your own money? (Check **only one** box):

- YES, I paid all of the attorney's fees with my own money.
- NO, I personally paid only a portion of the attorney's fees with my own money. Someone else paid the remainder of the attorney's fees on my behalf. *(List that person's information in the space provided on page 2.)*
- NO, I did not personally pay any of the attorney's fees. Someone else paid all of the attorney's fees on my behalf. *(List that person's information in the space provided on page 2.)*

If you checked either of the **NO** boxes above, you must state the name and address of the person(s) who paid a portion – or all – of the attorney's fees on your behalf and state their relationship to you in the space provided on the next page. **That person or persons must join your request for arbitration and your request for a waiver of the filing fee.**

(Attorney's Fees continued from page 1)

Name, Address and Phone Number of the Person Who Paid the Attorney's Fees	Their Relationship to You

SECTION 2: FOR INCARCERATED APPLICANTS SEEKING A WAIVER OF THE FILING FEE

Date of sentencing: _____ Where are you incarcerated?: _____

Length of sentence: _____ When is your expected release or parole date?: _____

SECTION 3: INCOME AND ASSETS

In support of my request, I declare that I cannot afford to pay the filing fee. My present assets, income, and expenses consist of the following:

Section 3(a) – GROSS MONTHLY INCOME <i>List ALL monthly income before deductions, no matter where it is coming from (e.g., unemployment, disability payment, etc.).</i>	APPLICANT	SPOUSE
Salary and Wages (including commissions, bonuses and overtime)	\$	\$
Pensions and/or Retirement Benefits	\$	\$
Social Security	\$	\$
Medical Insurance	\$	\$
Disability and Unemployment Insurance	\$	\$
Public Assistance (welfare, AFDC payments, etc.)	\$	\$
Child Support and Spousal Support	\$	\$
Dividends and Interest	\$	\$
All other sources (e.g., rental income, etc.)	\$	\$
TOTAL GROSS MONTHLY INCOME:	\$	\$

Section 3(b) – ITEMIZED DEDUCTIONS FROM GROSS INCOME <i>List ALL money that is deducted from the gross income listed above (e.g., federal, state, and local taxes; FICA, SDI, etc.)</i>	APPLICANT	SPOUSE
Withholding Taxes (federal, state, and local)	\$	\$
Social Security (FICA Tax)	\$	\$
Unemployment Insurance	\$	\$
Medical or other insurance	\$	\$
Union or other dues	\$	\$
Retirement or Pension Fund	\$	\$
Savings Plan	\$	\$
Other (please specify)	\$	\$
TOTAL ITEMIZED DEDUCTIONS:	\$	\$

Section 3(c) – ASSETS <i>List the value of ALL items you own, including savings and checking accounts, your home, the furniture in your home, all automobiles, boats, motorcycles, rental property, and other assets. If you have received a settlement in your case, any money received should be listed as an asset.</i>	APPLICANT	SPOUSE
Savings Accounts	\$	\$
Checking Accounts (or similar type accounts)	\$	\$
Credit Union	\$	\$
Value of bonds and/or stocks	\$	\$
Home	\$	\$
Furniture	\$	\$
Automobiles, trucks, motorcycles: Make _____ Year _____	\$	\$
Make _____ Year _____	\$	\$
Other motorized vehicles (boat, airplane, etc.)	\$	\$
Other real estate	\$	\$
Other assets (jewelry, etc.)	\$	\$
Settlement Money (funds or property from an award or judgment)	\$	\$
TOTAL ASSETS:	\$	\$

SECTION 4: EXPENSES

Section 4(a) – MONTHLY EXPENSES <i>List ALL your monthly expenses. Include rent or mortgage payments; utilities, (phone, water, garbage and electricity); medical and dental expenses, etc.</i>	APPLICANT	SPOUSE
Rent or Mortgage	\$	\$
Property taxes	\$	\$
Property insurance	\$	\$
Food	\$	\$
Laundry/Dry Cleaning/Repairs of Clothing and Shoes	\$	\$
Purchasing of Clothes	\$	\$
Household Supplies	\$	\$
Household Cleaning	\$	\$
Entertainment	\$	\$
Transportation and Automobile Expenses (insurance, gas, repairs, etc.)	\$	\$
Utilities	\$	\$
Medical and Dental (that is not reimbursed by insurance)	\$	\$
Child Care	\$	\$
Education/Tuition	\$	\$
Other expenses (specify):	\$	\$
Installment Payments* – From Section 4(b) (see next page). Write in the amount that appears on the line for TOTAL INSTALLMENT PAYMENTS here:	\$	\$
TOTAL MONTHLY EXPENSES:	\$	\$

Section 4(b) – INSTALLMENT PAYMENTS

List ALL your credit card payments, car payments, loan payments, etc. Total these figures and write that amount on the Installment Payments line in Section 4(a). Do not include the mortgage payment for the house you are living in. If you own other property, list those mortgage payments here. (Attached an additional sheet if needed.)

	APPLICANT	SPOUSE
Creditor _____ Purpose of debt _____	\$ _____	\$ _____
Creditor _____ Purpose of debt _____	\$ _____	\$ _____
Creditor _____ Purpose of debt _____	\$ _____	\$ _____
Creditor _____ Purpose of debt _____	\$ _____	\$ _____
TOTAL INSTALLMENT PAYMENTS: <i>*Write this amount in the space indicated in Section 4(a)</i>	\$ _____	\$ _____

SECTION 5: EXPLANATION / ADDITIONAL INFORMATION

If your monthly expenses exceed your monthly income, you must provide an explanation of how you are meeting your monthly expenses. Use the space provided below to write your explanation. If you need additional space you may attach an additional sheet to the application form.

Explain why you need a waiver of the filing fee. Use the space provided below to write your explanation. If you need additional space you may attach an additional sheet to the application form.

I declare, under penalty of perjury under the laws of the State of California, that the above information is true and correct. This declaration was executed on (date) _____ at (City) _____ in the State of _____.

(Applicant Signature)

RCBA Use Only		
Request for Waiver of the Filing Fee is:		Fee Arbitration Committee Chair:
<input type="checkbox"/> DENIED	<input type="checkbox"/> GRANTED	<input type="checkbox"/> REDUCED to _____
